

## Foster Family Home - Corrective Action Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-4

724 Ihi Ihi Avenue

Reviewer: Angelica Galindo

Wahiawa

HI 96786

Begin Date: 1/11/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/11/2019. PCG has requested to increase to 3 person bed CCFFH.

6.(d)(1) - Home in compliance with all requirements.

*Angelica Galindo, RN*

Compliance Manager

*Rose Marie Pambid*

Primary Care Giver

*1/11/19*

Date

*1/11/19*

Date